

TEACHER'S BOOK OF FORMS

REM 163

A TEACHING RESOURCE FROM



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Computer Log

[illegible]

Classroom Inventory Sheet

School Year _____

Teacher _____ Classroom # _____ Date _____

	QTY	INVENTORY NO.	CONDITION/COMMENTS
Room Furniture			
tables			
chairs			
student desks			
teacher desks			
file cabinets			
Books, Workbooks, etc.			
Room Supplies			
art materials			
pencils			
chalk			
maps			
flag			
Audio-Visual Tools			
computer			
filmstrip projector			
TV/VCR			
screen			
movie projector			
overhead projector			

(Things I'd like to have for my class someday.)

(Things I'd like to have for my class someday.)

[illegible]

Seating Chart

Teacher _____ Hour/Class _____ Room _____

X you are here!

Aide Assignment Sheet

Working with Students

Name _____ Date _____

Activity	Students Involved	Comments
<input type="checkbox"/> help students with assignments		
<input type="checkbox"/> listen to oral reading		
<input type="checkbox"/> help with the following learning center activity:		
<input type="checkbox"/> review flash cards		
<input type="checkbox"/> record dictation		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Substitute Notes

Date _____

Teacher _____ Room/Class _____ Grade _____

Time class starts _____ ends _____

Subject Assignment _____

Materials needed:

Where to find materials:

Class procedure:

Special duties/comments:

Emergency procedures:

For help (reliable student or nearby teacher): _____

Students who will be leaving this class:

Name	Time	Class/Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Weekly Plan

Class/Subject _____

Week of _____

Hour/Period _____

Materials Needed:

Topic(s):

Objectives:

DAY	ACTIVITIES/CONTENT COVERED	ASSIGNMENTS
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Notes for next week:

Student Information Sheet

School Year _____

Name (last, first, initial)

_____ SS# _____

Date of Birth _____ Present age _____ Grade _____

Father's Name _____

Mother's Name _____

Siblings, ages/school

Parents' Place of Employment

Work #

OK to call?

Father _____

Mother _____

Home Address _____

Home Phone _____

Emergency Phone/Designated Person _____

Medication/Allergies _____

Doctor _____ Phone _____

Arrives at School by: bus (#) _____ walks _____ other _____

Other pertinent information/numbers:

